(c) the number of applications received and disposed of so far, category-wise?

THE MINISTER OF URBAN DEVELOPMENT AND POVERTY ALLEVIATION [MAJ. GEN. (RETD.) B.C. KHANDURI]: (a) Yes, Sir.

(b) Conversion of leasehold land tenure in Delhi into freehold which was applicable to residential properties only has now been extended to industrial, commercial and mixed land use properties *vide* order dated 24-6-2003. As per the scheme, lessees would have the option to convert their leasehold property to freehold, provided their buildings are complete and have also made upto date payment of all dues including the ground rent, misuse charges/damages, if any. The conversion fee to be charged for industrial, commercial and mixed land use properties will be 10% of the total land value calculated on the basis of notified land rates prevailing on the dates of submission of the application. The land rates are notified periodically with the approval of the Competent Authority.

For the recorded lessees, 40% remission in the conversion fee will be admissible. The General Power of Attorney holders will not be entitled to any remission and instead shall pay a surcharge of 33.33% in addition to normal conversion charges.

(c) The brochures containing details of the revised scheme and application forms were made available for sale only recently. No application under the revised scheme has been received so far by the lease administering authorities.

**All-India Entrance Test for Dental/Medical Colleges**

*314. SHRI A. VIJAYARAGHAVAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether there is a proposal to conduct a Combined All-India Entrance Examination for selection of candidates for admission to various Government and private medical/dental colleges in different States;

(b) if so, the details thereof;

(c) whether the guidelines issued in May, 2003 regarding admission to the professional colleges asserted that 75 per cent of the seats should be drawn from students who had qualified in the Common Entrance Test conducted by the State agency;

(d) if so, whether admission in the medical and dental colleges of Kerala is as per the above guidelines; and

(e) if not, the reasons therefor?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRIMATI SUSHMA SWARAJ): (a) to (e) In the light of the judgement of the Constitution Bench of the Hon'ble Supreme Court of India dated 31.10.2002 in the case of T.M.A. Pai Foundation & Ors. Vs. State of Karnataka & Ors., the Central Government have issued broad policy guidelines on 14.5.2003 to the State Governments and the Universities in the matter of admission and charging of fee by the private unaided medical and dental institutions. In order to ensure primacy of merit in the selection of students for admission in medical/dental colleges, it has been stipulated therein that at least 75 percent of the seats should be filled up by students who have qualified in the Common Entrance Test conducted by the State agency.

Some of the State Governments including that of Kerala, have framed rules for regulating the admission of students and charging of fee from them. As per information received from Government of Kerala, the State Government has decided that 50% of the seats in unaided private medical and dental colleges in the State shall be filled by candidates from State merit list and the rest by the institutions. The State Government has informed that this decision of the Government has been set aside by the High Court of Kerala. The State Government has filed a Special Leave Petition against this judgement in the Hon'ble Supreme Court. Several other petitions have been filed by private institutions in the Hon'ble Supreme Court challenging the validity of the regulations framed by the State Governments and also the guideline of Central Government dated 14.5.2003 *vis-a-vis* the judgement of the Hon'ble Court dated 31.10.2002. All these petitions have been tagged together and were recently heard by Five-Judge Constitution Bench of the Hon'ble Supreme Court.

Before the Five-Judge Constitution Bench of the Hon'ble Supreme Court of India some of the Private Institutions have submitted that as per the judgement of the Hon'ble Court dated 31.10.2002, they have complete autonomy in the matter of admission of students. As the acceptance of such a contention would lead to multiplicity of entrance

examinations; clashing of examination dates and undue hardships to students and their parents, the Central Government have submitted a proposal before the Hon'ble Court for evolving a scheme to conduct a combined All-India Entrance Examination through a suitable agency for selection of candidates for admission to various Government and private medical colleges in different States. The proposed scheme would also allow sufficient flexibility to the States/Medical colleges in choosing the candidates from amongst the candidates who qualify the examination while ensuring the primacy of merit in selection of candidates even against the seats filled up by the Management. The hearing before the Hon'ble Court in this matter has concluded and the judgement is reserved.

**Ethical approach for AIDS Control**

*315. SHRI VIJAY J. DARDA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that strategy for controlling AIDS through contraceptive methods is being diluted and more emphasis is being placed on ethical approach like 'abstinence and being faithful;

(b) if so, the genesis of theis strategy; and

(c) whether it would contribute towards more spread of AIDS rather than controlling it, as population explosion so far does not give credence to the 'Abstinence and Faithfulness' approach?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRIMATI SUSHMA SWARAJ): (a) to (c) Government of India, through NACO, is implementing a comprehensive National AIDS Control Programme across the country through State AIDS Control Societies. The World Health Organization (WHO), in their Global Programme on AIDS (GPA), popularized the ABC approach which is being followed in over 150 countries, and is by now, an internationally accepted media and program strategy. It is based on the belief that HIV is a problem with a solution. It contemplates bringing about behaviour change within high risk behaviours that include, but are not limited to:

Abstinence and/or delayed sexual debut;